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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

| | |
|------------------------|----------------------|
| Application Number | 10/722,187 |
| Filing Date | 11/25/2003 |
| First Named Inventor | Daniel T. Carmichael |
| Art Unit | 3652 |
| Examiner Name | PAUL CHIN |
| Attorney Docket Number | DCARML-010 |

| | | | |
|-------|---|----|---|
| Sheet | 1 | of | 1 |
|-------|---|----|---|

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.